

SENATE BILL 1949

By Crowe

AN ACT to amend Tennessee Code Annotated, Title 68,
Chapter 3, relative to suicide prevention.

WHEREAS, the Tennessee Suicide Prevention Network declares that suicide deaths are a serious public health issue and have a tremendous family and societal impact; and

WHEREAS, veterans account for ten percent of all suicide deaths in this State, as reported by the department of health as of 2016; and

WHEREAS, the number of recorded suicide deaths in Tennessee increased from 945 to 1,110 between 2014 and 2016, representing a sixteen and one-half percent increase and part of an overall upward trend; and

WHEREAS, three adults in this State die by suicide each day; and

WHEREAS, every year in this State, an average of 1,007 adults die by suicide, including ninety-four persons aged eighteen to twenty-four; and

WHEREAS, suicide deaths are significantly underestimated and inadequately documented, thus preventing efforts to identify and reduce or eliminate such deaths; and

WHEREAS, no processes exist in this State for the confidential identification, investigation, or dissemination of findings regarding suicide deaths; and

WHEREAS, the National Strategy for Suicide Prevention as issued by the office of the U.S. Surgeon General recommends that suicide deaths be investigated through state-based suicide mortality reviews to institute the systemic changes needed to decrease suicide mortality; and

WHEREAS, there is a need to establish a statewide program to review suicide deaths among adults in this State and to develop strategies for the prevention of suicide deaths in this State; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 3, is amended by adding the following as a new part:

68-3-701. This part shall be known and may be cited as the "Suicide Mortality Review and Prevention Act of 2018."

68-3-702. As used in this section:

(1) "Adult" means a person over eighteen (18) years of age;

(2) "Department" means the department of health;

(3) "Suicide" means a death caused by self-directed injurious behavior with any intent to die because of the result of the behavior;

(4) "Suicide-associated but not a suicide-related death" means the death of a person within one (1) year of an attempt to take the person's own life, due to a cause unrelated to the attempt;

(5) "Suicide-associated death" means the death of a person within one (1) year of an attempt to take the person's own life, irrespective of the cause of death;

(6) "Suicide mortality" means the number of deaths within this state and the proportion of those deaths to the number of total deaths over the course of a year; and

(7) "Suicide-related death" means the death of a person within one (1) year of an attempt to take the person's own life, from any cause related to or aggravated by the attempt, but not from accidental or incidental causes.

68-3-703. The commissioner of health is authorized to create the Tennessee suicide mortality review program. The intent of the Tennessee suicide mortality review program is to identify and address the factors contributing to suicide deaths and facilitate state systems changes to prevent suicide deaths.

68-3-704. There is established a Tennessee suicide mortality review and prevention team, referred to in this part as the state team. For administrative purposes only, the state team is attached to the department of health.

68-3-705.

(a) The composition of the state team shall include the following officials who shall serve on the team on an ex officio basis:

(1) The commissioner of health or the commissioner's designee;

(2) The commissioner of the mental health and substance abuse services or the commissioner's designee; and

(3) The executive director of the Tennessee suicide prevention network.

(b) The commissioner of health is authorized to appoint the following additional persons to the state team:

(1) A physician licensed under title 63, chapter 6 or 9, with training in the concept and practice of suicide prevention;

(2) A hospital-based nurse with experience in mental health, crisis intervention, or suicide prevention;

(3) The chief medical examiner or the examiner's designee;

(4) The chair of the health and welfare committee of the senate, or the chair's designee;

(5) The chair of the health committee of the house of representatives, or the chair's designee; and

(6) Additional members as deemed necessary by the commissioner of health, which may include representatives from multiple disciplines and relevant community-based organizations as necessary to fulfill the intent of this part.

68-3-706. All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the rules promulgated under § 68-3-712.

68-3-707.

(a) The state team shall:

(1) Meet at least quarterly to review suicide deaths according to rules established under this part;

(2) Make determinations regarding trends, risk factors, current practices, lapses in systematic responses and barriers to the safety and well-being of persons who are at risk for suicide, and strategies for prevention of suicide deaths;

(3) Report at least annually to the governor and the general assembly concerning the state team's activities and the state team's recommendations for changes to any law, rule, or policy that would promote the prevention of suicide deaths or improvement in sources of information relating to the investigation of reported suicide fatalities; and

(4) Undertake annual statistical studies of the incidents and causes of suicide mortality in this state, as well as trends and patterns of suicide deaths in this state, and disseminate findings and recommendations to policymakers, healthcare providers, healthcare facilities, and the public.

(b) The state team:

(1) Is authorized to inspect and copy any other records from any source as necessary to complete the review of a specific fatality and effectuate the intent of this part, including, but not limited to, hospital records, outpatient clinic and laboratory records, police investigations data, medical examiner investigative data, vital records cause-of-death information, social services records, and records from state offices, agencies, and departments; and

(2) May share information with other public health authorities or their designees as the state team may determine necessary to achieve the goals of the program.

68-3-708.

(a) The state team is a public health authority conducting public health activities pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d, et seq.). Notwithstanding §§ 63-2-101(b), 68-3-608, and 68-11-1502, and any express or implied contracts, agreements, or covenants of confidentiality based upon §§ 63-2-101(b), 68-3-608, and 68-11-1502, the records of all healthcare facilities and providers shall be made available to the state team for inspection and copying as necessary to complete the review of a specific fatality and effectuate the intent of this part.

(b) The state team may request that persons with direct knowledge of circumstances surrounding a fatality provide the state team with information necessary to complete the review of the particular fatality, such as healthcare providers or staff involved in the care of the decedent or the person who first responded to a report concerning the decedent.

(c)

(1) Meetings of the state team shall not be subject to title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of the state team shall be sealed from public inspection.

(2) The state team may periodically make available, in a general manner that shall not reveal confidential information about individual cases, the aggregate findings of team's reviews and their recommendations for preventive actions.

(d) All information and records acquired by the state team in the exercise of their duties shall be confidential and not subject to discovery or introduction into evidence in any proceedings; provided, however, certain information may be disclosed as necessary to carry out the purposes of the state team.

(e) A member of the state team or attendee of a team meeting shall not:

(1) Release to the public or the news media information discussed at official meetings; or

(2) Testify in any proceeding about details of the team meeting, including any information presented at the meeting, or about opinions formed by the person because of the meeting.

(f) This section shall not prohibit a person from testifying in a civil or criminal action about matters that occurred in the team meeting; provided, that the testimony shall be based upon the person's independent knowledge.

(g) Each member of the state team and any attendee of a meeting of the state team shall sign a statement indicating an understanding of and adherence to the state team's confidentiality requirements, including potential civil or criminal consequences for a breach of confidentiality pursuant to this part.

68-3-709. To the extent of funds available, the state team may hire staff or consultants to assist the state team in completing its duties.

68-3-710. A person or facility acting in good faith in compliance with this part shall be immune from civil and criminal liability arising from such action.

68-3-711. Nothing in this part precludes any suicide death investigations or reviews to the extent authorized by any other law.

68-3-712. The commissioner of health is authorized to promulgate such rules, pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, as are necessary to

carry out the intent of this part. The rules authorized pursuant to this section may address, but not be limited to, the following:

(1) The procedures by which healthcare providers, healthcare facilities, and other parties identify and report suicide deaths to the department or as directed by the department;

(2) The protocols, procedures, methods, manner, and extent of all investigations and reviews; and

(3) The manner in and extent to which information shall be disseminated in accordance with the intent of this part.

SECTION 2. This act shall take effect January 1, 2019, the public welfare requiring it, and shall apply to deaths occurring on or after that date.